



South Carolina Board of Juvenile Parole

Santee Building, Suite 103
100 Executive Center
Columbia, South Carolina 29210

Phone: (803) 896-5614
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August 28, 2007

Les Boles, Director
Office of State Budget
1201 Main Street, Suite 870
Columbia, SC 29201.

Dear Mr. Boles:

The South Carolina Board of Juvenile Parole is not requesting any additional operating or capital funds or FTE's for the fiscal year 2008-09.

Feel free to contact me should you have any questions or need additional information.

Sincerely,

B.M. Montgomery, Jr.
Director

cc: Sylvia Kitchens, DJJ Senior Consultant for Office of Budget and Management
Norris Ashford, Chair, SC Board of Juvenile Parole
Members, SC Board of Juvenile Parole, Budget Committee

FY 2008-09 COST SAVINGS & ACTIVITY PRIORITY ADDENDUM

I. PRIORITY ASSESSMENT OF ACTIVITIES – HIGHEST PRIORITIES

A. Agency Section/Code/Name: South Carolina Department of Juvenile Justice/ N12 / Parole Division
(Board of Juvenile Parole)

B.

Priority Assessment of Activities – Highest Priorities	General	Federal	Supplemental	Capital Reserve	Other	Total	FTEs
Activity Number & Name:	\$811,343	0	0	0	0	\$811,343	15.8
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
TOTAL OF HIGHEST PRIORITIES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$811,343	15.80

FY 2008-09 ACTIVITY PRIORITY ADDENDUM

II. PRIORITY ASSESSMENT OF ACTIVITIES – LOWEST PRIORITIES

- A. Agency Section/Code/Name: South Carolina Department of Juvenile Justice/ N12 / Parole Division
(Board of Juvenile Parole)
- B. Agency Activity Number and Name: **We only have one activity and that is listed as our highest and only priority.**
- C. Explanation of Lowest Priority Status:
- D. Estimate of Savings:

Estimate of Savings:	General	Federal	Supplemental	Capital Reserve	Other	Total
Personnel:						
(a) Number of FTEs	0	0	0	0	0	0.00
(b) Personal Service	0		0	0	0	\$ 0
(c) Employer Contributions	0		0	0	0	\$ 0
Program/Case Services	0	0	0	0	0	\$ 0
Pass-Through Funds	0	0	0	0	0	\$ 0
Other Operating Expenses	0	0	0	0	0	\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*):

F.

[illegible]